

**Commonwealth of Kentucky
Public Service Commission**

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PUBLIC SERVICE
COMMISSION

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: OneCloud Corporation, Inc.

Physical Address of Principal Office: Street: 1824 Industrial Center Circle

City: Charlotte State: NC Zip: 28213

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: regulatory@csilongwoo.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Lisa Walker</u> Title: <u>CFO</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>(800) 637-3148</u> Fax: <u>(704) 598-4755</u>

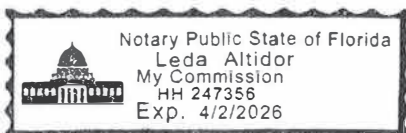
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of OneCloud Corporation, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31 day of December, 2024.

UTILITY: OneCloud Corporation, Inc.

BY: 

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 31 day of December, 2024




NOTARY PUBLIC

My Commission Expires: 04/02/2026

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1/8/2025

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